

16/10

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/18/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>9-5-00</i>
FORMALITY REVIEW	<i>SK</i>	<i>76809</i>	<i>10/5/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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56	✓	✓	
57	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)